Zeposia

Saudi Arabia · access guide

How to access Zeposia from Saudi Arabia, the named-patient import pathway, 2026

By Reserve Meds · Clinical & regulatory team · Last reviewed 2026-04-24

A Saudi Arabia patient with relapsing multiple sclerosis (MS) or moderately-to-severely active ulcerative colitis (UC) may receive a prescription for Zeposia (ozanimod) from their treating neurologist or gastroenterologist. Zeposia is FDA-approved for both indications and is developed by Bristol Myers Squibb. It is an oral sphingosine-1-phosphate (S1P) receptor modulator. In Saudi Arabia, Zeposia is not routinely registered for outpatient dispensing across all pack sizes, and access is typically coordinated through the named-patient import pathway.

This guide explains the pathway, documentation your physician prepares, typical timing and cost bands, and where Reserve Meds fits in.

The clinical situation

Zeposia is an $S1P_1$/$S1P_5$ receptor modulator that sequesters lymphocytes in lymphoid tissue, reducing their circulation to sites of inflammation. It is taken orally once daily. A 7-day titration pack is used at initiation (0.23 mg days 1-4, 0.46 mg days 5-7, 0.92 mg from day 8), reaching maintenance at 0.92 mg daily. The titration profile is designed to manage the first-dose bradycardia and heart-block signal characteristic of the S1P-modulator class.

Before starting, your physician will establish a baseline ECG, review cardiac history (recent MI, stroke, heart block, heart failure), confirm complete blood count including absolute lymphocyte count, baseline liver function tests, dermatology review, and an ophthalmologic assessment (macular oedema risk). Varicella zoster immunity is confirmed and live vaccines are avoided during therapy. Ongoing monitoring includes LFTs, lymphocyte count, and skin surveillance.

Is Zeposia legally importable into Saudi Arabia?

Yes, through the Saudi Food and Drug Authority (SFDA) named-patient import framework, with parallel authority through the Department of Health (DoH) in Abu Dhabi and the Dubai Health Authority (DHA) in Dubai depending on where the prescribing facility sits. The mechanism permits a Saudi Arabia-licensed physician to import a medicine not locally registered when (a) the medicine is approved by a recognised reference authority such as the US FDA, (b) no clinically equivalent registered alternative is suitable, (c) the physician accepts clinical responsibility, and (d) chain of custody is documented. S1P-modulator named-patient imports for MS and UC are a familiar category.

How the pathway works, step by step

1. **Consultation with your treating specialist.** Confirmation of MS subtype or UC severity, prior therapy history, and clinical rationale for an S1P modulator.
2. **Baseline workup.** ECG, cardiac review, CBC with lymphocyte count, LFTs, ophthalmology baseline, varicella serology, dermatology review.
3. **SFDA named-patient application.** The physician or hospital pharmacy files the application including clinical rationale, patient reference, titration plan, and chain-of-custody commitment.
4. **US-side sourcing.** Reserve Meds coordinates with our US-licensed specialty wholesale partner to secure Zeposia from authorised distribution under DSCSA.
5. **Ambient shipment.** Zeposia ships under controlled ambient conditions with chain-of-custody documentation.
6. **Arrival and first dose.** The dispensing pharmacy releases the 7-day starter pack; first-dose cardiac monitoring is arranged per your physician's protocol.

What documentation your physician needs

- Clinical rationale letter confirming indication and Zeposia as the indicated therapy
- Verification of Saudi Arabia medical licence
- Baseline ECG report and cardiac review
- CBC with lymphocyte count and LFTs
- Varicella serology result
- Ophthalmology baseline
- Planned titration schedule and monitoring plan

Reserve Meds provides a physician documentation kit bundling templates SFDA reviewers expect for S1P-modulator named-patient imports.

Typical costs and indicative timing

Zeposia's US cash-pay reference cost sits in an indicative 2026 annual range of roughly USD 96,000-115,000. International logistics, SFDA documentation handling, and concierge coordination add incremental cost. Reserve Meds issues a transparent quote at the start of intake. These figures are indicative drug-only reference pricing.

Indicative timing for first dispense after cohort intake opens is 7-14 days from the moment a complete SFDA application is submitted. Monthly refills are generally faster once the pathway is established.

Fulfillment availability is limited to our first cohort, and all timelines published on this site are indicative. If your clinical situation is time-sensitive, tell us at intake. We triage accordingly.

Reserve Meds's role

- **Sourcing.** Through our US-licensed specialty wholesale partner under DSCSA chain-of-custody.
- **Documentation.** Regulatory package for your physician and SFDA review.
- **Logistics.** Ambient-controlled shipment to your prescribing hospital pharmacy.
- **Concierge case lead.** A named point of contact coordinating monthly refills.

What we do not do: we are not the prescriber, do not practise medicine, and are not the dispensing pharmacy. All clinical decisions remain with your treating physician.

Frequently asked

Is this legal in Saudi Arabia? Yes, when executed through the SFDA / DoH / DHA named-patient framework with appropriate documentation. See our trust and compliance page.

Why the titration pack? S1P-modulator therapy can cause first-dose bradycardia and transient conduction effects. The gradual titration is designed to manage this and is part of standard FDA-labelled initiation. Your physician will advise on first-dose observation.

Can I get live vaccines during therapy? Live vaccines are avoided during S1P-modulator therapy. Your physician will plan any vaccination updates before starting and address strategy during therapy and wash-out.

How does Zeposia compare with other S1P modulators? Zeposia, Ponvory, Mayzent, and older fingolimod are all S1P modulators; receptor-subtype selectivity, titration, and indication approvals differ. Your specialist selects based on indication, comorbidity profile, and tolerability considerations.

Will insurance cover this? Cash-pay is the default. Some Saudi Arabia private insurers consider case by case; we supply documentation but do not process claims directly.

Reserve Meds's role

US-based concierge coordinator for cross-border specialty medicine. We are not the prescriber, not the dispensing pharmacy, and not the manufacturer. All clinical decisions remain with your treating physician.

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